

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HERMAN HOUSE (0010082)

Address: 3700 3702 S HERMAN ST, MILWAUKEE, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096966 **End Date:** 04/24/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009159 Served 05/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT		
83.21(4)(o)	MEDICATIONS		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(8)(b)	FIRE EXTINGUISHER		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Survey ID: 0094141 **End Date:** 02/03/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092162 **End Date:** 03/09/2004 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0092072 **End Date:** 03/02/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091556 **End Date:** 10/20/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008627 Served 11/25/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(a)	BATH AND TOILET FACILITIES	03/02/2004	Yes
83.42(11)	FLOORS AND STAIRS	03/02/2004	Yes
83.53(4)(b)	HANDRAILS	03/02/2004	Yes
83.55(1)(a)	ELECTRICAL SERVICE AND FIXTURES	03/02/2004	Yes

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Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/19/2006 **SOD #**10009159 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(g) SOD #10009159

FORFEITURE---83.21(4)(o) SOD #10009159

FORFEITURE---83.43(3)(b)1 SOD #1009159

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Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 01/03/2006

Date Investigation Completed: 04/24/2006

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009159

Date Complaint Received: 12/05/2005

Date Investigation Completed: 04/24/2006

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/14/2005

Date Investigation Completed: 04/24/2006

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/08/2004

Date Investigation Completed: 02/03/2005

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMISSION, TRANSFER & DISCHARGE

Result

-migrated data -
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 08/23/2004

Date Investigation Completed: 02/03/2005

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/08/2003

Date Investigation Completed: 03/09/2004

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED

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Community Based Residential Facility
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Date Complaint Received: 09/04/2003

Date Investigation Completed: 03/09/2004

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
STAFF ADEQUACY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED
NOT RECORDED

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